Mail to:

Division of Compliance Assistance Certification and Licensing Branch Operator Certification Program 300 Fair Oaks Lane Frankfort, KY 40601 Commonwealth of Kentucky
Department for Environmental Protection

Application for Certification Renewal

Drinking Water Treatment, Drinking Water Distribution, Bottled Water, Wastewater Treatment and Collection System

Telephone: 800-926-8111 www.dca.ky.gov/certification

For Official Use Only. Do not write in this space.

If you currently hold an Operator-In-Training certificate, you must provide a new Education and Experience Documentation Form (EED) verifying your one year of experience. The EED Form must be attached to this Application for Certification Renewal.

APPLICANT IN	FORMATIO		plication for C	Jeruncauon i	Xeriewai.				
Name (First)	(Middle In	itial)	(Last)	ast) Ag		Agency Interest Number (As shown on wallet card)			
Certification Type (As shown on wallet card)					Certification Number (As shown on wallet card)				
Address (Number and Street)			City		State		Zip Code		
E-Mail Address			Home Phone Number			Business Phone Number			
			()			()			
FACILITY INFO	RMATION								
List all facilities where you curre Facility Name		ently work as an o	KPDE Agei	r. Attach additional sheets KPDES, PWSID or Agency Interest Number		Desi Daily F	gn Capacity, Flow of Facilit ulation Serve	ty Phone Number	
List all "Board Approved" training hours that are being used for this renewal. All hours must be earned prior to applying for certification renewal. If more space is needed, attach additional sheets to this form. Course Code (Available from DCA or the training Course Title Sponsor or Presenter Date									
or the training vendor)		Tilling Godise Tille	Оро	Sportion of Trescritor		Jaic	Drinkinç Water	· I Wastewater	
CertificationCertification	payment will renewal fee if renewal fee if renewal fee if		Renewal fees a conically prior to cone certification's	re non-fundable xpiration date ertification's ex expiration date	e and are as formal and are as formal are as	ollows: renewal fee	······································	\$100.00 \$50.00 \$350.00	
Kentucky						Amount Paid: Check Number: ————————————————————————————————————			